

ATLANTA POLICE DEPARTMENT

Confidential Source Payment Voucher

<u>Unit</u>	<u>Voucher used for</u>	<u>Defendants</u>
Controlling Officer	Confidential Source payment	1.
	Information & expenses	
	Purchase of evidence	2.
	Total	3.

File number		Expenditures	Amount		Exhibit number
Purchase of:	<input type="checkbox"/> Drug evidence	<input type="checkbox"/> Non-drug evidence	<input type="checkbox"/> Confidential Source payment		
Approved	Narcotics Commander		Date	Control #	

Certification of Cooperating Individual

I certify that I received payment in the _____ Dollars (U.S.) or the equivalent in
amount of _____ another
currency. I understand that if funds are received for the purchase of evidence, that any
unused funds must be returned to the government upon demand and that
misappropriation will render me liable for prosecution.

CS
number

Signatu re	Dat e
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Remarks

Payer's signature	APD ID #	Dat e
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Witness signature	APD ID #	Date
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Supervisor's signature APD ID # Date

Approval by SES Commander (when required)

Name and
Title

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